Public Health Education in India: Issues, Challenges and Way Forward

Report of National Consultation

New Delhi

August 2005

World Health Organization

Country Office, India

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Contents

List of Abbreviations

AIIH&PH	All India Institute of Hygiene and Public Health
ASHA	Accredited Social Health Activist
CME	Continuing Medical Education
CPD	Continuing Professional Development
DNB	Diplomat National Board
DPH	Doctor in Public Health
FGD	Focus Group Discussions
GOI	Government of India
HIS	Institute of Health Systems
IAPSM	Indian Association of Preventive and Social Medicine
IGNOU	Indira Gandhi National Open University
IIHMR	Indian Institute of Health Management Research
IOM	
IPHA	Institute of Public Health Administration
MBBS	Bachelor of Medicine and Bachelor of Surgery
MCI	Medical Council of India
MD	Doctor of Medicine
MOH	Ministry of Health
MPH	Masters in Public Health
NGOs	Non Government Organizations
NICD	National Institute of Communicable Diseases
NIE	National Institute of Epidemiology
NIHFW	National Institute of Health and Family Welfare
NIN	National Institute of Nutrition
NIOH	National Institute of Occupational Health
NRHM	National Rural Health Mission
PGI	Post Graduate Institute
SEARO	South East Asia Regional Office
WHO	World Health Organization

Consultation on Public Health Education in India
Issues, Challenges and Way Forward

New Delhi, 18th August 2005

Executive Summary

Under the overall guidance and framework of the South-East Asia Public Health Initiative, WHO, India reviewed the current status of Public Health Education in India and developed a status paper on Public Health courses in partnership with Mahatma Gandhi Institute of Medical Sciences, Sewagram. As a part of the consultative process, the National Consultation on Public Health Education was organized on 18th August 2005, in collaboration with Government of India, Public Health Associations, Medical Council of India, Health Universities and eminent Public Health Specialists.

Dr. S.J. Habayeb, WHO Country Representative, provided the background and objectives of the consultation which included reviewing the background status paper on public health education, brain storming challenges and the way forward, to reach a consensus on issues, and develop an agenda for future action.

Dr. Samlee Plianbangchang, Regional Director, WHO South East Asia Region, while formally opening the National Consultation, delivered the inaugural keynote address. Speaking on public health education in India, Dr. Samlee said that although India is a pioneer in public health in South East Asia, outbreaks such as plague and re-emerging diseases such as Tuberculosis, led India to introspect about what needs to change in public health education and practices. Experts felt that public health infrastructure and services need urgent attention in the entire region. Dr. Samlee expressed WHO's commitment under its public health initiative to help the Government of India in this endeavor.

The status paper was shared with the group followed by technical presentations and discussions which brought forth various issues in public health education and training, and the group worked on recommendations for further improvement. In the area of training, the discussions focused on analyzing the present status of public health education and training in India viz. types of courses offered, institutions offering the courses, quality of education, and identifying areas for strengthening public health training. Concepts of accreditation were introduced, experiences of other countries were shared and the criteria of accreditation were outlined.

Discussions on quality of services focused on the need for revising the curriculum to reflect the changing health needs of the country and region, making it more skill-based by close interface with institutions providing services, and expanding the scope of training to include non-health subjects such as management and behavioral sciences. A list of core competencies which have been suggested by practicing public health professionals were shared with the group. Various issues of the career growth of public health professionals were also discussed. Recommendations of the group are summarized below:

1. **Skill Based Public Health Training:** All public health courses must have provision of specific time frame for skill building at undergraduate & postgraduate levels. All Public Health institutes must have a close collaboration with the district health system in order to provide an exposure to public health practices to students.

2. **Curriculum Revision :** Public health curriculum should include topics such as health management, health economics, leadership development, public health laws & ethics, health system & policy research, guidance, counseling, public health nutrition and gender, behavioral science, environmental science and health management.

3. **Need for Lead Institutions :** Lead institutions specializing in specific areas should be designated. These institutions can play an important role in developing programmes for CME for public health professionals as well as in initiating short term courses based on their competencies.

4. **Public Health Council of India :** It should immediately be set up to develop accreditation guidelines for the public health education for all categories of health professionals.

5. **Quality of Training :** The training should be student-centered, problem-oriented, integrated, community-based & need-oriented with electives. Modern learning methods should be utilized.

6. **Public Health Cadre :** There should be a separate Public Health cadre both at Central & State level. It should be mandatory for individuals appointed to this cadre to have training in public health (pre-service or in-service) and there should be clarity about career paths and other professional opportunities for this cadre personnel.

7. **Integration between Curative Services and Public Health :** While the Government and academia should work together, there should be more interaction between clinical & community medicine departments in medical colleges. Family medicines should be developed as a specialty.

8. **Continuing Professional Development (CPD) :** It is suggested that CME for different categories of public health professionals should be mandatory at regular intervals.

9. **Promotion of Public Health as a Discipline at the National Level :** Political leadership should create a strong public health intelligence and disease surveillance system. There should be effective programmes to tackle the emerging health needs with public health providing leadership for generating evidence-based healthy public policies and enhancing societal responsibility.

10. **Strengthening Partnerships :** This is required, both at the national and regional level, to promote cooperative and collaborative efforts for establishing an equitable health order and networking of public health institutions to facilitate capacity building, information exchange and exchange of students and faculty.

11. **Greater Community Involvement in Public Health Development Activities :** This should be achieved through discussions, collaborations, focused action and by developing clear concepts and different models for testing out the most appropriate mechanisms and modalities.

12. **Entry of Non-medical Graduates to MPH, M.Phil & Ph.D in Public Health :** Non-medical professionals should be allowed to enroll in public health courses with a short orientation to medical sciences.

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Background

The curriculum for public health education in India was designed several decades ago and very few changes have been made since then. There is a need to review the curriculum urgently in the light of broader changes in the society as highlighted in the Calcutta Declaration on Public Health.[1]

The role of Public Health is critical in achieving the goals of Primary Health Care. It is important not only in the current health situation but also for future in the wake of emerging and re-emerging health problems, especially life-style related disorders and environmental problems. Public health is multi-disciplinary in its precept and inter-sectoral in practice. Several sub-specialties, such as epidemiology, environment & occupational health, health management, health economics, public health nutrition and communicable and non-communicable diseases form an integral part of the Public Health discipline.

Public Health Education must respond to the emerging health needs in the changing scenario of globalization & market economy. At the same time it must address the societal values such as human rights, democracy, equity, social justice, gender and ethics. The main challenges for public health institutions have been to reflect social responsiveness / social accountability, developing quality assurance systems, keeping pace with advancing technology & developing an interface with the community and health care delivery system. The content, teaching methods and assessment modalities should, therefore, be reviewed in this light. This requires coordinated inputs from policy makers, programme managers, health & allied health professional, academic institutions and communities.

Under the overall guidance and framework of the South-East Asia Public Health Initiative, WHO (India) decided to review the current status of public health education in India and develop a status paper on Public Health courses in India, in partnership with Mahatma Gandhi Institute of Medical Sciences, Sewagram, to act as a background document for the proposed National Consultation on Public Health Education. The team reviewed the current situation of teaching and training of

public health in medical, nursing and paramedical courses, developed an inventory of various public health courses and their curriculum, undertook analysis of needs/ demand and supply and recommended policy options for projecting human resource demand for government health system, NGOs, local and corporate sector, research and academic institutions.

Following a consultative and participatory approach for compiling the information, the team of Dr Garg and Dr Zodpey interacted frequently with the WHO (India) core group, interviewed various stakeholders, had focused group discussions with eminent public health experts and professionals during National conferences, and collected relevant reports and documents of various agencies.

As a part of the consultative process, National Consultation on Public Health Education was organized on 18th August 2005, in collaboration with Government of India, Public Health Associations, Medical Council of India, Health Universities, WHO (India) and eminent Public Health Specialists. Detailed programme and list of participants of the consultation are given as Annexure-I & II.

Overview of the Consultation

Inaugural Session

Dr. S.J. Habayeb, WHO Country Representative, welcomed the participants, provided the background of the consultation and highlighted the need for improvement in the quality of education of public health courses in India. He also shared the objectives of the consultation, viz. review of the background status paper on public health education, brain storming and deliberation on challenges and the way forward to reach a consensus on issues, and develop an agenda for future action.

Dr. Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, while formally opening the National Consultation, delivered the inaugural key note address. Text of the speech is enclosed as Annexure–III.

Dr. Arvind Mathur, Coordinator, Family and Community Health at WHO (India), proposed the vote of thanks and also outlined the agenda of the meeting.

Technical Sessions

Dr. B.S. Garg from the Department of Community Medicine, MGIMS, Sewagram and Dr. Sanjay Zodpey from the Government Medical College, Nagpur, presented the salient features of the status paper on Public Health Education in India. It was followed by four technical presentations.

- Training in Public Health Education in India – Dr Deoki Nandan, Professor and Dean, S N Medical College, Agra.
- Accreditation and Quality Assurance in Public Health Education – Dr. B.S. Garg.
- Core competencies of Public Health Professional – Dr. S.D. Gupta, Director, Indian Institute of Health Management and Research (IIHMR), Jaipur.
- Pubilc Health Cadre and Policy – Dr. Sanjay Gupta, NIHFW, Delhi.

The presentations and discussions brought forth various issues in public health education & training, and the group worked on recommendations for further improvement. This report is structured in two parts: Part-1 deals with the concerns raised in the status report and technical presentations; while Part-2 summarizes the issues, options and recommendations.

Part-I : Concerns for Public Health Education and Training

i. Defining Public Health and a Public Health Professional :

Public health has been defined in various ways. Winslow (1923) defined public health as the "science and art of preventing disease, prolonging life, and promoting health and efficiency, through organized community effort for the sanitation of the environment, control of communicable infections, education of the individual in personal hygiene, organization of medical and nursing services for the early diagnosis and preventive treatment". It has been modified and somewhat expanded by others. The American Society of Public Health defined public health as "involving a population-focused, organized effort to help individuals, groups and communities reduce health risks, and maintain or improve health status".

In spite of various definitions, public health has come to signify population-focussed preventive and promotive work. Majority of health workers, in addition to their curative or clinical work, also perform some public health functions. However, there should be a distinction between those who perform some public health functions, and those who are primarily public health workers. As the IOM study (2003) states "a public health professional is a person educated in public health or a related discipline and who is employed to improve health through a population focus." Only a small portion of the total public health workforce receives any formal public health education and those who do, do so primarily through certificate programmes, short courses, conferences and workshops offered by a variety of institutions and organizations.

ii. Requirements of PH Professionals :

Countries in the South-Asian region face a serious shortage of public health workforce. However, there seems to be little quantitative data available regarding the extent of requirements for public health workers. The reports usually emphasize that requirements are large but seldom give estimates of numbers or categories of health workers. According to a guess estimate provided by McKinsey consulting firm, India alone needs more than 10,000 public health professionals (lack of estimates of the needs is one area that needs to be addressed).

In order to estimate the extent of requirements, it might be useful to track any human resources plan of the country or the Annual reports of the Ministry of Health, if these contain such projections. This is an area which may need further

investigation. According to an approximate estimate, India needs about 10000+ public health workers for the government sector and 2,500 to 4,000 for the NGO sector. In addition, it is estimated that India requires about 100 PH professionals at the central level, 600 at state level, 3,000 at district level, and 10,000 at the block level.

A Working Group for the 7th Five Year Plan had estimated that India would require nearly 9,600 to 10,750 public health managers by the year 2010. There would be an additional requirement of about 1,000 public health specialists for the programmes run by International agencies. The yearly output from existing PH institutions is not more than 400.

As per the IPHA & IAPSM record, there are 3,000 registered Public Health specialists. An equal number may not be members of either body; thus it is estimated that there will be about 6,000 available public health specialists.

iii. Public Health Education and Training in India :

In India, there are various kinds of Public health education courses and the institutions offering these courses. There are degree courses at graduate and postgraduate levels and diploma courses offered by government medical colleges as well as private institutions. Many other types of courses have also evolved over the years, given the fact that professionals working in the field may not all be qualified as public health professionals, and yet be required to perform public health functions. For example, there are specialized degree courses in subjects such as nutrition, field epidemiology, occupational health and toxicology, health administration and cross cutting themes such as health systems, health policy, health systems management, health economics, and medical sociology. There are institutes offering public health courses through distance learning.

Inspite of a large number of institutions offering a variety of courses, the status of Public Health discipline in India has not attracted the attention of politicians, bureaucrats and other policy makers. The Department of Community Medicine (Public Health, being synonymous with Social and Preventive Medicine, and Community Medicine / Health) in medical colleges and state & district training centres as well as National institutes have not been able to show the desired output in terms of quality of public health education & training.

Some specific issues related to the Departments of Preventive and Social Medicine in Medical Colleges are listed below:

- Low priority in terms of staffing, equipment and supplies in most of the medical colleges.
- Lack of good community-oriented, field-based programmes for demonstration and participatory education for undergraduates in many colleges.
- Most medical colleges remain isolated from the health care system and play a limited role in public health services

iv. Discussions/Suggestions

- Definition of Public Health should be revised to make it simpler. There should be uniform nomenclature all over the country for this discipline.
- Non-medical professionals should be eligible to enroll in public health courses; the infrastructure and manpower of teaching /training institutions should be ensured.
- Issues relating to public health education and training for nursing staff including their enhanced role in public health programmes should be discussed in more detail.
- Public Health teaching and practice should be accredited, and an uniform criteria developed, e.g. European system.
- Public Health curriculum should be revised to include all new areas suggested in the status report. There should be short-term and long-term priorities for promotion/revision of public health courses and topics such as domestic violence, public health engineering & dietics should be included in public health courses.
- Mckinsey estimates are not very realistic and need revisiting.
- There should be networking of public health institutions.
- IPHA & IAPSM should play an active role and sufficient funds should be made available for their activities.
- Quality of public health education should be focused; teaching process in public health requires urgent attention & improvement.

- There should be councils for veterinary public health, rehabilitation & public health engineers.
- Public Health should also be a part of the training of ASHA under NRHM.
- There should be a facility for public health professionals to have joint academic & service appointments at the same time.
- Good quality specialization i.e. health economics, behavioral sciences is lacking

Part-II : Recommendations:

This section summarizes the issues discussed; suggestions for improvement as emerged from the discussions with the experts and the WHO core group are summarized in Table-1.

Table-1
Pubic Health Education & Training : Issues and Suggestions for Improvement

Issues	Suggestions/Recommendations

• Quality of public health education:
  • Lack of academic rigour;
  • Lack of focus on vital disciplines like economics, behavioral sciences;
  • Non-relevant training to job
  • Curriculum is not need-based & objective-oriented
	• Redesign curriculum both at undergraduate & postgraduate level.
	• Curriculum development to be made a continuous process to respond to fast changing public health scenario.
	• Curriculum should be practicals-oriented and should have skills – epidemiological, management, communication & documentation, application of computers, leadership.
	• Need to improve public health teaching in all medical, nursing & paramedical courses.
	• DPH programme has lost its relevance & should be replaced by MPH.
	• While MD should remain as eligible qualification for academic affiliation, MPH qualification should be sufficient the programme managers in public & private sector.
	• Quality of infrastructure & teaching require immediate attention.

Issues	Suggestions/Recommendations
• Distinct gap between classroom teaching & practice in the field.	• A part of practical training should be spent with the health system; for this purpose the academic institute must develop close understanding & partnership with the Health System. • The postgraduate programme must have exposure/ interaction trips with successful programmes/model in public health as well as with the corporate sector. • There should be integrated teaching with clinical disciplines.
• Unsatisfactory skill building during undergraduate as well as postgraduate programme.	• All public health departments must have well developed field practice areas – urban & rural. • Nearly 40% time should be directed towards skill building. • Internship must be utilized for skill building on Epidemiology & Health Management.
• Very few role models for students. • Quality of faculty and leadership: small faculty cannot attract qualified doctors, • Lack of motivation	
• Quality of new entry in postgraduate programmes in public health is poor as it is last choice among the entrants.	• Improving education standards & creating job opportunities should be given priority to improve the standard of education for attracting better students.
• No carrier development programme for the faculty.	• There should be uniform standard & cadre all over the country in public health. • There should be separate Public Health Cadre – district, state & central level programme officers must have public health qualification. Similarly the district, state & central heads of health department must acquire public health qualification. • Public Health Specialist should update himself by attending CME programme on six-monthly basis.

Discussing the vision of public health education, the group recommended that the institutions offering PHE should have a clearly formulated and publicly stated mission statement with broad objectives for each course. The curriculum must be designed to install in its learners the knowledge and skills fundamental to the practice of public health. In addition, there is a need to instill habits of self-directed life-long learning, dedication to the service of communities, as well as values and attitudes consistent with the compassionate profession. It is also important that the methods of assessments match the objectives of public health education.

1. **Skill Based Public Health Training :** At present, Public Health institutions function in isolation without any clinical or health service responsibility. The decision of the Ministry of Health that each medical college should take responsibility for providing health services, at least, in one Community Development Block, has not been implemented. Efforts should be made to improve the field practice areas of all public health institutes. It is recommended that all public health courses must have provision of utilizing 40% time for skill building as the basic public health skills are lacking both at undergraduate & postgraduate levels. All Public Health institutes must have a close collaboration with district health system in order to provide an exposure to public health practices to students.

2. **Curriculum Revision :** Postgraduate training in public health starts with Diploma courses in Public Health (DPH) which focuses on sanitation, environment and vector control. The DPH programme should immediately be replaced by MPH. There should be more emphasis on priority areas and skills needed by a modern public health professional in the changed scenario viz. Health Management, Health Economics, Leadership Development, Public Health Laws & Ethics, Health System & Policy Research, Guidance, Counseling, Public Health Nutrition and Gender, Behavioral Science and Environmental Science, as well as specific skills, e.g. epidemiology, communication, documentation & computer.

3. **Need for Lead Institutions :** All India Institute of Hygiene and Public Health and the National Institute of Health & Family Welfare should be developed as apex public health institutions. In fact, five or six institutions of eminence could act as apex institutions for public health education, each institutions specializing in specific areas, such as, Epidemiology, Behavioral Science, Health Management, Nutrition, Maternal and Child Health, Environmental Health,

Occupational Health, Health Education, and Health Economics. Apex institutes can also play an important role in developing a programme of CME for public health professionals as well as in initiating short term courses based on their competencies.

However, the training should be student-centered, problem-oriented, integrated, community-based & need-oriented with electives. Latest learning technologies should be utilized. It is recommended that a Public Health Council of India should immediately be set up to develop accreditation guidelines for public health education for all categories of health professionals. Professional bodies like IAPSM & IPHA may also take initiative in developing such self imposed standards till a formal body is created.

4. **Public Health Cadre :** Public Health has not been attracting the best students in medical institutions because the Public Health specialists do not have attractive career options. They have very little opportunity for private practice and those who have joined the government are dissatisfied with the system. There should, therefore, be separate Public Health Cadre both at central & state level. It should be ensured that the posts of district, state & central level programme officers are given only to Public Health Specialists. The district/ state/central head of health departments must have public health training. Even a clinical person appointed on such posts, must be given a six months training in Public Health, before taking up the assignment. There should be a clarity about career paths and other professional opportunities for this cadre.

5. **Integration of Curative Services and Public Health :** Clinicians and Public Health professionals have very little interaction. The Government and academia should, therefore, work together and there should be more interaction between clinical & community medicine departments in medical colleges which should also plan & develop Family Medicine speciality, in addition to greater involvement in public health services.

6. **Continuing Professional Development (CPD) :** CME for different categories of public health professionals should be compulsory at 6-month intervals to ensure:

   - Public health workers/professionals maintain acquired knowledge and skill; upgrade knowledge and skill in response to changing needs of community at large; acquire new skills, and develop cadre/pool of resource people e.g. trainers of trainees.

- Formal and informal methods to use innovative training techniques wherever possible in order to make training community-based, participatory and problem-solving, using innovative methods with greater use of information technology. CPD should be introduced as a policy in public health.

IAPSM/IPHA should play a lead role to impart CPD to public health workers/ professionals.

7. **Promotion of Public Health as a Discipline at the National Level :** There is an urgent need, with greater support from the political leadership, to create a strong public health intelligence and disease surveillance system for effectively tackling the emerging health issues, generating evidence-based public healthy policies and enhancing societal responsibility.

8. **Strengthening Partnerships :** This is required both at the national and regional level, to promote cooperative and collaborative efforts for establishing an equitable health order and networking of public health institutions to facilitate capacity building, information exchange and exchange of students and faculty.

9. **Greater Community Involvement in Public Health Development Activities :** This should be achieved through discussions, collaborations, focused action and by developing clear concepts and different models for testing out the most appropriate mechanism and modalities.

10. **Public Health Council of India :** A Public Health Council of India should immediately be set up to develop accreditation guidelines for Public Health Education for all categories of health professionals. Professional bodies like IAPSM & IPHA may also take initiative in developing standards till a formal body is farmed.

11. **Entry of Non-Medical Graduates to MPH, M. Phil & Ph.D in Public Health :** At present only medical personnel are enrolled in medical courses as per MCI norms. It is recommended that the entry of non-medical personnel to such courses is a welcome step however they should be given six months orientation on basic medical sciences before enrolment in public health courses. Similarly there should be clarity from the Government regarding their eligibility to various managerial positions. It is recommended that Government should come out with guidelines for accreditation of such courses in India. The MCI act may also be modified to the extent accordingly.

Suggested Competencies for Public Health Professional

Management Competencies:

- Identify health problems of the community in the context of the socio-cultural milieu.
- Prioritize health problems.
- Identify threats to the environment.
- Identify groups which require special attention (elderly, adolescents, gender, the poor and other marginalized groups) including those facing occupational hazards.
- Set objectives, prepare action plan, implement programmes, and monitor, supervise and evaluate them.
- Manage Health Information System and respond appropriately to the information gathered.
- Assess costs and carry out programme budgeting.
- Implement public health laws.
- Initiate, implement and supervise National Health Programmes.
- Establish Surveillance System and respond to public health threats efficiently and effectively
- Anticipate, prepare for and respond to disasters.
- Plan human resources development.
- Manage logistics and materials effectively.
- Monitor and assure quality in programme implementation.

Research Competencies

- Assess the learning needs of any given group (students, staff or community).
- Formulate learning objectives.
- Plan curriculum and prepare curriculum materials.
- Select and implement appropriate learning methods.
- Evaluate learning experiences.

Teaching Competencies:

- Assess the learning needs of any given group (students, staff or community)
- Formulate learning objectives.
- Plan curriculum and prepare curriculum materials.
- Select and implement appropriate learning methods.
- Evaluate learning experiences.

Leadership Competencies:

- Interact, communicate, educate effectively persons from diverse backgrounds, ages and preferences to promote healthy behaviour through community participation.
- Explain scientific information to public, decision makers and opinion leaders.
- Nurture team spirit and harmonize activities of various members.
- Facilitate inter-sectoral coordination.
- Promote and establish partnerships.

Accreditation & Quality Assurance in Public Health Education

Accreditation of educational institutions and programmes is a relatively new concept in South-East Asia Region. The dictionary meaning of this term implies official

recognition, general acceptance and assurance of quality. The purpose of accreditation in the present context is aimed at developing a system to determine and certify the achievement and maintenance of minimum standards of education in different occupations and professions in the health system. The United States has, perhaps, the most well established system of checks and balances in public health education in graduate programme. In Australia and New Zealand, the relevant professional council is responsible for accreditation. In the United Kingdom, the General Medical Council is the body responsible for recognition of medical education. The primary responsibility of the accreditation body is to attest to the educational quality of programme, directly serving the interests of the public and the students.

The following need to be covered for accreditation:

1. Courses & Training Programmes offered by Public health schools for paramedical personnel and short-term courses & regular training programmes for health workers (male & female), public health nurses, sanitary inspectors, health educators etc.
2. Medical & Nursing Schools offering undergraduate & postgraduate courses as per recommendations of MCI & Nursing Council of India.
3. National, State & District Health & Family welfare Training Centres providing in-service training.
4. CME programmes by professional bodies & National Academy of Medical Sciences.

Suggested Criteria for Accreditation

These are based on the recommendations of the World Federation for Medical Education, and a WHO consultation held at Chennai in Jan-Feb 2002. These may require further discussions and modifications:

- The institution must define its mission and objectives and make them known to its constituency. The mission statements and objectives must describe an educational process for producing a public health professional competent at various levels with an appropriate foundation for further training in public health, keeping in view the roles of the professionals in the health system.

- The institution must define what competencies its students should exhibit on graduation, including the relationship of such competencies to the diverse needs of society.
- Curriculum models and instructional methods.

Concluding Remarks

Making concluding observations, Dr. Samlee emphasised the need for multi-disciplinary, multi-dimensional, multi-sectoral and multi-institutional approach in public health and an on-going policy discussion on public health; it is being done at the public health council in Thailand. He also observed that there was an overlapping area between public health & medicine.

Annexure-I

Public Health Education in India: Issues, Challenges and Way Forward

Programme Agenda

	Inaugural Session
1000-1005 hrs.	Welcome and Objectives of the Meeting: Dr Salim J. Habayeb, WHO Representative in India
1005-1008 hrs.	Introductory Remarks: Dr Arvind Mathur, Coordinator-FCH, WHO, India
1008-1018 hrs.	Dr Samlee Plianbangchang, Regional Director's message on Public Health Education
1020-1230 hrs.	Presentations and Discussion on "Status of Public Health Education in India" • Overview of Public Health Education in India: Dr Sanjay Zodpey, Professor of Community Medicine, Government Medical College, Nagpur • Policy Options and Recommendations: Dr B.S. Garg, Professor and Head, Department of Community Medicine, MGIMS, Sewagram • Discussion (Tea/coffee to be served on the table)
1230-1330 hrs.	Lunch
1330-1500 hrs.	Group Work (Moderated on prioritised issues/challenges by a lead discussant and synthesis for plenary) • **Group A:** Training in Public Health Education in India: Dr Deoki Nandan, Professor and Dean, S.N. Medical College, Agra • **Group B:** Accreditation and Quality Assurance in Public Health Education: Dr B.S. Garg, Professor and Head, Department of Community Medicine, MGIMS, Sewagram

	Inaugural Session
	• **Group C:** Core Competencies of Public Health Professional: Professor S.D. Gupta: Director, Indian Institute of Health Management and Research, Jaipur • **Group D:** Public Health Cadre and Policy: Dr Sanjai Gupta, National Institute of Health and Family Welfare, New Delhi
1500-1515 hrs.	Tea/coffee break
1515-1645 hrs.	Recommendations, Conclusions and Way Forward • Group work presentation, discussions and consensus • Next steps
1645-1700 hrs.	Closing Session

Annexure II

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Annexure-III

Workshop on "Public Health Education in India: Issues, Challenges and the Way Forward", Tivoli Garden Resort, New Delhi, India

18 August 2005

Remarks by :

Dr Samlee Plianbangchang, Regional Director, WHO, South-East Asia.

Colleagues, Ladies and Gentlemen,

- I am very happy to be among high-level public health professionals this morning.
- I thank the organizers of the workshop for inviting me to say a few words on the topic of Public Health Education in India: Issues, Challenges and the Way Forward.
- It is a fact that India has had a strong foundation in public health education.
- We have had:

  - the All India Institute of Public Health and Hygiene in Calcutta,

  - the National Institute of Communicable Diseases in Delhi,

  - the National Institute of Nutrition in Hyderabad, and

  - the National Tuberculosis Institute in Bangalore.
- There are also many more public health education programmes being run in various medical colleges.
- All these institutes provide internationally reputed public health education in various specific areas.
- During my time as a medical student in the early 1960s, any of our professors, if graduated from these institutes were considered to be really experts, and also very good teachers.
- I personally had the privilege to visit NICD once during the 1970s.

- I was very much impressed with many training curricula and programmes in epidemiology, developed and run by this institute.
- India is perhaps, should be the only pioneer in this part of the world in the area of public heath education.
- However, we would not have realized that what issues we had had in our public health interventions and services in this country until there was a plague outbreak in India in 1994.
- This was followed by a number of outbreaks of other communicable diseases, such as malaria, meningitis, dengue fever, diarrhoea and others.
- Some other diseases that were once under control, like tuberculosis, re - emerged.
- Then, we started talking about whether things had gone wrong with the public health system in the country.
- This type of situation was worrying all of us, including WHO, which is a public health organization.
- In 1999, we had our in-house review of the situation at the Regional Office with participation of concerned officials from the Ministry of Health and Family Welfare.
- It was concluded that public health infrastructure and services in India needed urgent attention, otherwise health of the public would be at a greater risk of becoming worse.
- This type of public health situation was prevailing, not only in India, but also in other countries in the South- East Asia Region.
- Therefore, at the end of 1999, WHO convened a Regional Conference on Public Health Education and Practice in the South East Asia Region in the 21st century in Calcutta.
- The overall purpose of this conference was to critically review the public health situation, including public health education and practice in the Region; and to identify effective ways and means to improve or strengthen such education and practice.

- In this perspective, we believe that the best way to strengthen public health infrastructure and services is through strengthening public health workforce.
- And the best way to strengthen public health workforce is through strengthening public health education.
- The main outcome of that Regional Conference was the Calcutta Declaration on public health.
- This Declaration provides a broad strategy and framework of action for strengthening public health education in the South -East Asia Region in this century.
- Since then, WHO has taken a number of actions in following up on the outcome of the Conference including the Calcutta Declaration.
- However, improvement in public health education has still a long way to go, if we would like to ensure the availability of effective public health interventions and services, which are the pre -requisite of good health for all people.

I left WHO in 2000 and returned in 2004.

- As a part of my promise to the Member States, since the beginning of my Regional Directorship, I have placed improvement in public health at the top of my priority list, and, therefore, the ρublic health initiative has been pursued by WHO with particular emphasis on public health education.
- In this initiative, which has a five-year time frame, we are pursuing activities in four main areas. These are:

  1. Development of a regional strategic vision for improvement of public health education and practice in the Region. This is through a Strategic Advisory Group formed at the beginning of last year.
  2. Networking of public health education institutions, by linking the corresponding national institutions in the Region and outside, for countries to help each other.
  3. Direct support to countries in the establishment of public health education programmes/schools , and

4. Strengthening of public health infrastructure, including public health education, through collateral activities. Contribution from existing public health programmes.

- In practice, each country may have its own specific approach in strengthening of public health infrastructure, education and practice.
- For India, the infrastructure for public health education already exists. As I mentioned earlier, we should start this improvement and strengthening from what we already have.
- In addition, we should also pay special attention to the Community Medicine Programmes which are being run at various medical colleges.
- This approach, of involving medical colleges, will take us a long way in ensuring a close linkage between medical services provided through the network of medical institutions, and public health services, which are carried out in the community and population at large.
- At the same time, the Government of India has also launched an initiative to establish schools of public health through collaboration with the reputed schools of public health in the USA.
- This is also an excellent idea.
- These new schools may help to speed up the implementation of new ideas, new initiatives, and newly reformed educational programmes.

Colleagues,

- We urgently need public health workforce to effectively develop and implement public health programmes of the country.
- Public health programmes include malaria control, tuberculosis control, diarrhoeal disease control, water and sanitation, nutrition, immunization and many more.
- There are some specific features of public health programmes that need public health expertise in their development and implementation. These are:

  - Emphasis on health promotion and disease prevention;

- Community and population-based;
- Ecologically and environmentally based;
- Multi-sectoral and multi-disciplinary;
- Towards health for all and all for health; and
- Particular attention to the poor, underserved and vulnerable groups of population.

- Furthermore, in light of today's global situation, there have been many rapid changes in the world.
- A lot of these changes have a direct bearing on health of the population, and, on the way, we develop and manage public health intervention programmes.
- These changes include globalization, liberalization of trade, advancement in information and communication technology, rapid worldwide transportation, and advancement in health science and technology.
- These need to be taken into account seriously when public health education programmes are developed for supporting today's public health interventions and services anywhere in the world.
- In addition, to be really effective, public health interventions and services have to be framed within the socio -cultural, political and economic context of the country concerned.
- Public health education, therefore, needs to produce a public health workforce that can fulfill this basic requirement in health development in each country.
- Public health work is meant to improve, not only the physical, but also the mental and social health and wellbeing of the population.
- Therefore, the country -specific situation is an important consideration in the development of a public health education programme in any particular country.
- Effective public health work can certainly help reduce the workload in medical institutions – when people are healthy, they will not fall sick, and, therefore, they do not need medical treatment.

Ladies and gentlemen,

- WHO will do everything possible to assist the Government of India in the improvement and strengthening of public health education in the country.
- I am sure my country office under the leadership of Dr Salim Habayeb, WHO Representative, will always be at the disposal of the Government, and at the disposal of all concerned and interested institutions in pursuing this noble mission in the health area.
- I finally thank you all for your kind attention, and I wish the workshop all success.

Thank you.